

**SIEMENS**

# **syngo MammoReport**

**SP**

## **Report**

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**English**

**Doc. Gen. Date: 10.05**

**Print No.: SPB7-250.813.30.01.02**

**Replaces: n.a.**

## Installation Protocol

Fax Message  
 (please send the document to:)

**SIEMENS AG Medical Solutions; Dept. SP SCM**  
**Fax No. +49 - 9131 - 84 - 8893**  
**91050 Erlangen, Henkestr. 127, Germany**

<b>CAUTION</b>	<b>IT IS ABSOLUTELY MANDATORY TO ENTER ALL REQUESTED DATA IN THIS PROTOCOL WHEN THE INSTALLATION OF THE SYSTEM IS COMPLETED! INCOMPLETE PROTOCOLS WILL BE RETURNED TO YOUR SUPERVISOR FOR FOLLOW-UP!</b>		
Equipment Type	syngo MammoReport.....		
System Serial No.:		Order Number:	
Customer/Hospital	Name: ..... City: ..... Country/State: .....		

**Confirmation: I hereby certify that**

- ⇒ The system indicated above was delivered in its entirety. Installation and Startup were performed according to the actual version of the installation and startup instructions as delivered with the system (please indicate any deviation in the table below).
- ⇒ All safety and functional checks have been performed.
- ⇒ All required measurements have been made and the values are within tolerance as provided by the manufacturer.

Installation	Problems		Brief description (please mark with 'n.a.' if not applicable)
	yes	no	
Workstation			
Cabling			
Options (e.g. hard disk)			
Others			
<b>Startup</b>			
Workstation			
Network configuration			
Image quality			
Others			

Please add additional pages for description, if necessary.

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Printed name of system installer

date

signature